



John Flynn <JFlynn@afphq.org> on 10/26/2010 07:08:24 PM

To: "'2022190174@fec.gov'" <2022190174@fec.gov>
cc:

Subject: FEC Form 9

Attached please find FEC Form 9 filed on behalf of Americans for Prosperity.

Sincerely,

John Flynn
Executive Vice President and General Counsel
Americans for Prosperity
Suite 350
2111 Wilson Blvd.
Arlington, VA 22201
(703) 224-3200 office
(703) 224-3201 facsimile
jflynn@afphq.org
www.AmericansForProsperity.org



FEC Form 9 - 10-25-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

2111 Wilson Blvd Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New

or

Amended

4. Covering Period

10 21 2010

through

10 25 2010

5. (a) Date of Public Distribution(s)

10 25 2010

(b) Communication Title

Dem Promo/NIC Promo

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Steve Mullins

(b) Address (number and street)

2111 Wilson Blvd, Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

Americans for Prosperity

(e) Occupation

CFO

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

148,140.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE

John Flynn

DATE

10/25/10

NOTE Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Tim Phillips		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	President		
B.	(a) Name	John Flynn		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	Secretary/Treasurer		
C.	(a) Name	Steve Mullins		
	(b) Address (number and street)	211 Wilson Blvd, Suite 350		
	(c) City, State and ZIP Code	Arlington, VA 22201		
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Americans for Prosperity	CFO		
D.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
E.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 7

<p>A. Full Name of Donor <u>N/A</u></p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>B. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>C. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>D. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>E. Full Name of Donor _____</p> <p>Mailing Address of Donor _____</p> <p>City _____ State _____ Zip _____</p>	<p>Date of Receipt _____</p> <p>Amount _____</p>
<p>SUBTOTAL of Donations This Page (optional) ► <u>0</u></p> <p>TOTAL This Period (last page this line number only) ►</p> <p>(carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **4** OF **7**

A. Full Name (Last, First, Middle Initial) of Payee <u>Berdie, Matthew</u>				Date of Disbursement or Obligation <u>10 22 2010</u>	
Mailing Address of Payee <u>111 Broadway</u>				Amount <u>750.00</u>	
City <u>Jim Thorpe</u>	State <u>PA</u>	Zip Code <u>18229</u>	Communication Date <u>10 25 2010</u>		
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Production of "Marshall-Bishop Pelosi Support" TV + Radio Spots</u>					
Name of Federal Candidate <u>Jim Marshall</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>GA</u> District: <u>08</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate <u>Sanford Bishop</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>GA</u> District: <u>02</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee <u>Milce Stoudt Productions, Inc.</u>					
Mailing Address of Payee <u>2970 Peachtree Rd NW Suite 700</u>					
City <u>Atlanta</u>	State <u>GA</u>	Zip Code <u>30305</u>	Amount <u>150.00</u>		
Name of Employer 			Occupation 		
Date of Disbursement or Obligation <u>10 22 2010</u>					
Communication Date <u>10 25 2010</u>					
Purpose of Disbursement (Including title(s) of communication(s)) <u>Talent for "Marshall-Bishop Pelosi Support" TV + Radio Spots</u>					
Name of Federal Candidate <u>Jim Marshall</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>GA</u> District: <u>08</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate <u>Sanford Bishop</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>GA</u> District: <u>02</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)					<u>900.00</u>
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 7

A. Full Name (Last, First, Middle Initial) of Payee: <u>Georgia Eagle Media</u>				Date of Disbursement or Obligation <u>10 22 2010</u>	
Mailing Address of Payee: <u>1350 Radio Loop</u>				Amount <u>5,000.00</u>	
City <u>Warner Robins</u>		State <u>GA</u>		Zip Code <u>31088</u>	
Name of Employer 		Occupation 		Communication Date <u>10 25 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Marshall-Bishop/Pelosi Support"</u>					
Name of Federal Candidate <u>Jim Marshall</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>GA</u> District: <u>08</u>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate <u>Sanford Bishop</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>GA</u> District: <u>02</u>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee: <u>Mountaintop Media</u>				Date of Disbursement or Obligation <u>10 21 2010</u>	
Mailing Address of Payee: <u>PO Box 578</u>				Amount <u>11,765.00</u>	
City <u>Sparta</u>		State <u>NJ</u>		Zip Code <u>07871</u>	
Name of Employer 		Occupation 		Communication Date <u>10 25 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Dem Promo/NIC Promo 10-25-10"</u>					
Name of Federal Candidate <u>John Adler</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NJ</u> District: <u>03</u>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate <u>Patrick Murphy</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>PA</u> District: <u>08</u>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate <u>Bryan Lentz</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>PA</u> District: <u>07</u>		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				<u>16,765.00</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 6 OF 7

A. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10 22 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>90,830.00</u>	
City <u>Weston</u>	State <u>MA</u>	Zip Code <u>02493</u>	Communication Date <u>10 25 2010</u>		
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Killing Jobs" TV Spot</u>					
Name of Federal Candidate <u>Rick Boucher</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>VA</u> District: <u>09</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
B. Full Name (Last, First, Middle Initial) of Payee <u>Konjolka Media</u>				Date of Disbursement or Obligation <u>10 22 2010</u>	
Mailing Address of Payee <u>PO Box 666</u>				Amount <u>20,667.00</u>	
City <u>Weston</u>	State <u>MA</u>	Zip Code <u>02493</u>	Communication Date <u>10 25 2010</u>		
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Killing Jobs" Radio Spot</u>					
Name of Federal Candidate <u>Rick Boucher</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>VA</u> District: <u>09</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<u>111,497.00</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 7 OF 7

A. Full Name (Last, First, Middle Initial) of Payee <u>Campaign Now, LLC</u>				Date of Disbursement or Obligation <u>10 22 2010</u>	
Mailing Address of Payee <u>1126 S 70th Street, Suite 5420</u>				Amount <u>9.489 00</u>	
City <u>Milwaukee</u>		State <u>WI</u>		Zip Code <u>53214</u>	
Name of Employer 				Communication Date <u>10 25 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "CD03-Kapanke"</u>					
Name of Federal Candidate <u>Dan Kapanke</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		State: <u>WI</u> District: <u>03</u>			
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		State: _____ District: _____			
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		State: _____ District: _____			
B. Full Name (Last, First, Middle Initial) of Payee <u>Campaign Now LLC</u>				Date of Disbursement or Obligation <u>10 22 2010</u>	
Mailing Address of Payee <u>1126 S 70th Street, Suite 5420</u>				Amount <u>9.489 00</u>	
City <u>Milwaukee</u>		State <u>WI</u>		Zip Code <u>53214</u>	
Name of Employer 				Communication Date <u>10 25 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "CD03-Kind"</u>					
Name of Federal Candidate <u>Ron Kind</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		State: <u>WI</u> District: <u>03</u>			
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		State: _____ District: _____			
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		State: _____ District: _____			
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<u>18,978.00</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<u>148,140.00</u>	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/26/2010</i>
<i>JA</i>	<i>10/27/2010</i>
PREPARER	DATE PREPARED